

## Barriers Screening Tool (BST) Web Access Request

*Please read the information on the next page for instructions*

**1. Please check one of the following:**

- ☐ Activate User ID for access to BST
- ☐ Delete User ID for access to BST
- ☐ Change (Profile, User Name, Social Security Number)

Effective Date

**Please fill in the following information** (All items MUST be completed).

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

2. User ID (from DWD Account Creation screen, must be CARES user id)	3. Name of User (Last, First, MI)	
4. *Social Security Number	5. Mother's Maiden Name	
6. W2 Contract Agency Name	7. Supervisor	8. Supervisor Phone Number (      )
9. Type of Organization/Agency (Check One) <input type="checkbox"/> W2 Contract Agency <input type="checkbox"/> State Central Staff		10. User Daytime Phone Number (      )
11. Profiles (Check One) <input type="checkbox"/> Screener <input type="checkbox"/> Level 2 User <input type="checkbox"/> State Central Staff <input type="checkbox"/> Reports Only		12. Geographical Area (Region)

**Use of this logon and password provides access to confidential information, which must be safeguarded in accordance with Wisconsin Statutes. The User's signature on this form constitutes acceptance of responsibility for compliance with §49.32(10), §49.32(10m), §49.81, §49.83 and §943.70(2) and with DWD policy (attached to new logon approvals).**

13. User Signature	Date Signed
14. Supervisor Signature	Date Signed

**Signature of State/County/Tribal/W-2 Agency Security Officer is Required.**

15. State/County/Tribal/W-2 Agency Security Officer Signature	Date Signed
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**Signature of Trainer of your BST training session is required. Leave this form with Trainer.**

16. Trainer Signature	Date Signed
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17. State Security Officer Signature	Date Signed
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## Instructions

1. Check the appropriate box to activate, delete, or change a User ID. Only one box should be checked. For Effective Date, enter the date the User's ID is to be activated, deleted, or changed.
2. Fill in the same User ID (must be same as CARES user ID) entered on the DWD Account Creation screen in which the User registered for network level access to BST. This form is to request a system/application level User ID for the BST.
3. Enter the User's Name.
4. Enter the User's Social Security Number (SSN). \*The SSN is one of the unique identifiers used for security purposes. The SSN is voluntary. If SSN is not provided, however, access will be denied. The SSN will be kept confidential and not used for any other purposes.
5. Enter the User's Mother's Maiden Name.
6. Enter the User's W2 Contract Agency Name. If the user is State Central Staff, enter "State."
7. Enter the User's Supervisor's Name.
8. Enter the User's Supervisor's Phone Number.
9. Check the type of Agency to which the User belongs. Only one box should be checked.
10. Enter the User's Daytime Phone Number.
11. Enter the User's Profile.
12. Enter the Region in which the user works. If the User is a Central State staff member, then this field is not required and should be left blank.
13. The User should enter their Signature in this field.
14. The User's Supervisor should enter their Signature in this field.
15. The User's State/County/Tribal/W-2 Agency Security Officer should enter their Signature in this field.
16. The Trainer of the BST training session which the user attended and completed should enter their signature in this field.
17. The State Security Officer should enter their Signature in this field.

**This form should be left with the trainer of your BST training session who will then forward this form to the State Security Officer. The User will receive a notice when access has been approved.**